

No Wrong Door System of Access to LTSS for all Populations and all Payers

Financing, Sustainability, and Business Models

NWD Planning Grantees Monthly Webinar August 12, 2015, 3:00PM ET







Agenda

- 1. Welcome and Agenda Overview
- 2. Introduction to No Wrong Door Financing
- 3. Learning from Peers
- 4. Final Reporting and No Cost Extensions
- 5. Next Steps and Closing







Learning from Peers

- Wisconsin: Medicaid Administrative Claiming
- Massachusetts: Obtaining State Funding
- Connecticut: VD-HCBS Business Model
- Virginia: Public-Private Partnership







Reminders

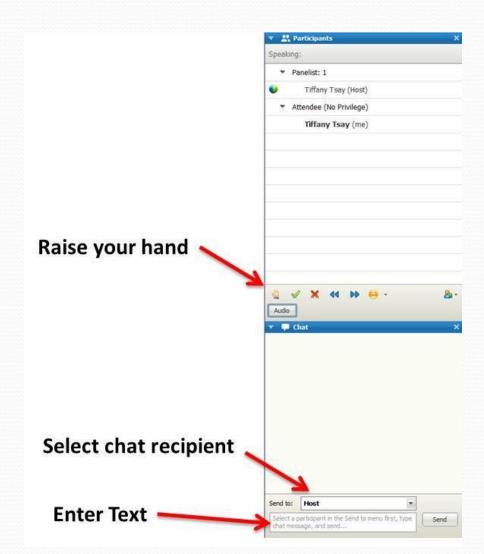
- We want to capture your attendance—if you have others in the room with you, please send their name(s) or the total # of participants via WebEx's chat feature or to Chris.Ragsdale@acl.hhs.gov
- Post-Webinar survey—we need your feedback!
- Use WebEx's chat feature if you have questions for federal partners or for other states.







- Use chat to make comments, share insights
- For technology issues, please chat to "Host"
- For questions, comments or ideas please chat to "All Participants"









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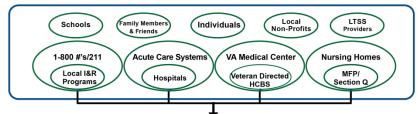
NWD System Vision

Public
Outreach and
Coordination with
Key Referal
Sources

Person Centered Counseling

Streamlined Eligibility to Public Programs

State Governance and Administration



Person Centered Counseling Process

Assists with any immediate LTSS needs, conducts conversation to confirm who should be part of process, and identifies goals, strengths and preferences

Comprehensive review of private resources and informal supports

Facilitates informed choice of available options and the development of the Person Centered Plan

Facilitates implementation of the plan by linking individuals to private pay resources, and if applicable, in applying for public LTSS programs and folow-up.

As needed, facilitates diversion from nursing homes, transition from nursing home to home, transition from hospital to home, and transition from post-secondary school to post-secondary life.

Improving the Efficiency and Effectiveness of LTSS Eligibility Process Across Multiple Public Programs:

Leverages Person Centered Counseling staff to use information from the person centered plan to help individuals complete applications for public LTSS program(s) and to help them through the entire eligibility process

Continually identifies ways to improve the efficiency and effectiveness of the eligibility determination processes across the multiple LTSS programs administered by the state, while also creating a more expeditious and seamless process for consumers and their families

State Leadership, Management and Oversight

Must include support from the Governor and involvement from State Medicaid Agency, State Agencies Administering programs for Aging, Intellectual and Developmental Disabilities, Physical Disabilities and Mental/Behavioral Health

Must involve input from external stakeholders, including consumers and their families, on the design, implementation, and operation of the system

Responsible for designating the agencies and organizations that will play a formal role in carrying out the NWD system

Will use NWD System as a vehicle for making its overall LTSS System more consumer-driven and cost-effective







State Governance and Administration

Public Outreach and Coordination with Key Referral Sources

NWD System Functions

Person Centered Counseling

Streamlined Access to Public LTSS Programs







Framing Question

How have you financed No Wrong Door System activities?

- Medicaid, State Revenue, VA, Public/ Private, others
- Use the chat feature on Webex!







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Now Posted to CMS Website

"Federal matching funds under Medicaid are available for the cost of administrative activities that directly support efforts to identify and enroll potential eligibles into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan. To the extent that NWD/ADRC employees perform administrative activities that are in support of the state Medicaid plan, federal reimbursement may be available."







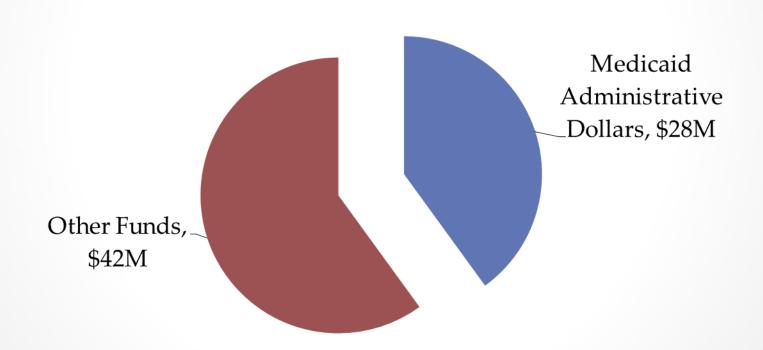
Wisconsin

Julie Schroeder

Office for Resource Center
Development
Department of Health
Services



\$70M Budget for ADRC and Related Activities



Medicaid Claiming Experience

- Use 100% time reporting to capture eligible staff time
- Considering moving to Random Moment time study
- Legislature has provided general purpose revenue to support ADRC activities
- Agencies are not required to use local dollars

Lessons Learned: Training

- Staff that complete 100% time reporting must understand all aspects of process
- Training is also needed for fiscal staff that use time reporting results

Lessons Learned: Claiming

- Capture all eligible costs and apply time reporting results to all eligible costs.
- Monitor results ensure claiming agency has staff assigned to this task
- Agencies contracted with to provide ADRC services are provided a % of the annual funding needed for operation, based on Wisconsin's ADRC cost model and 100% time reporting historic rates.

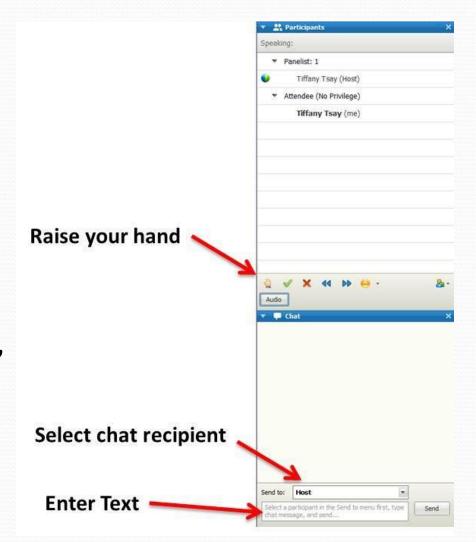






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Chat to "All Participants"





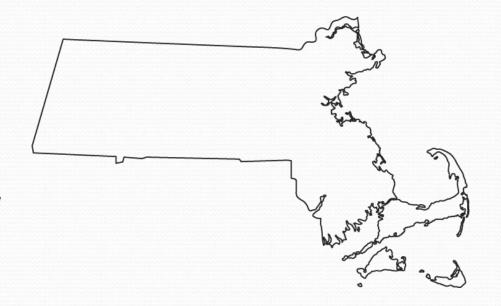




Massachusetts

Rachel Winer Carole Malone

Executive Office of Elder Affairs



Massachusetts Options Counseling: Laying the Foundation

- Early Efforts:
 - Equal Choice bill filed in Massachusetts (2001)
- Legal Mandate:
 - M.G. L. Chapter 211 of the Acts of 2006: Section 2
- Key Players & Stakeholders:
 - Aging Service Access Points (ASAPS), AAAs, & ILCs
 - Advocates Across Aging and Disability
 - Government Health & Human Service Agencies, State Legislature

Options Counseling is administered by the Executive Office of Elder Affairs and the Massachusetts Rehabilitation Commission, in conjunction with the Aging and Disability Resource Consortia. This service represents a collaborative initiative of the Commonwealth of Massachusetts, Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) to provide consumer access to community-based long term services and supports through a "No Wrong Door" policy.

Massachusetts Options Counseling: Implementation & Expansion

- 2008 Piloted at 3 Well-Established ADRCs
 - Greater North Shore, Merrimack Valley, & Metrowest
- 2010 Expanded Across the State
 - 11 ADRCs Provide Statewide Coverage
- Measured and Shared Impact of Options Counseling Service
 - Outcome measures
 - Survey data
 - Communicate Results to State Legislature and ADRCs

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Massachusetts Options Counseling: Funding & Sustainability

- Initial Funding for Pilot:
 - FY2008 Budget: \$270K provided to 3 of 11 ADRCs
 - 90K to each entity to begin piloting OC
- Funding for Statewide Coverage:
 - FY2011 Budget: 2.5 million for OC Program made available in state budget
- Allocating Additional Funding
 - Increased from \$2.5M to 5 M in FY16

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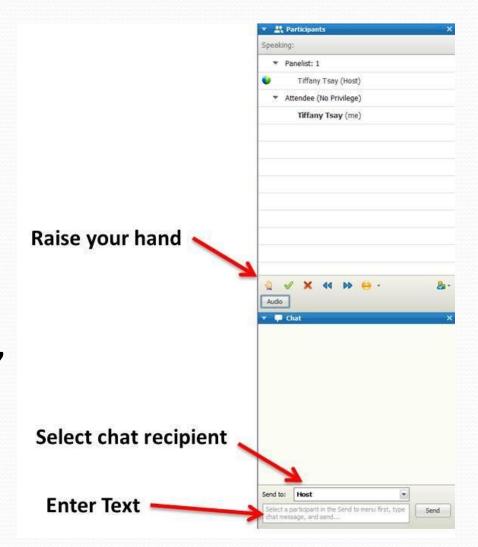






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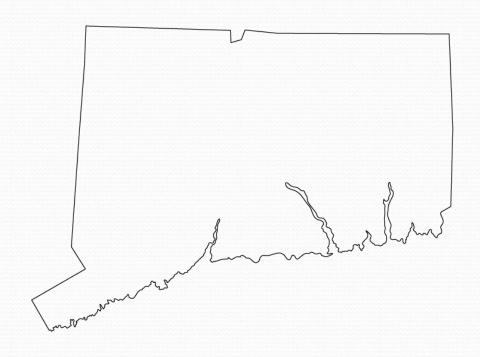
Connecticut

Julie Gelgauda

Agency on Aging of South

Central Connecticut

Marie L. Allen
Southwestern Connecticut
Agency on Aging



Connecticut's Veterans' Directed Home & Community-based Services

Presented by:

Agency on Aging of South Central Connecticut Southwestern CT Agency on Aging Connecticut State Department on Aging

Challenges and Capacity for VDHCBS Start-ups

- Challenges facing new AAA Service Providers
 - Clinical considerations
 - > Financial capacity
 - Back office/billing considerations

Connecticut's Single Contractor Model

SWAAA

NCAAA

WCAAA

ECAAA

AAASC

VAMC

AAASC

Benefits to Single Point of Entry

Connecticut VA Funds

2014 - 2015

\$1,215,354

Keeping 63 Veterans at home!

ADRC enhancements

- Staff retention
- Knowledge of Veterans' benefits
- Comprehensive Options Counseling

Single Point of Entry

- •Increase the number of ADRC hours
 - Add capacity to options counseling
 - •Streamlined connection between the Area Agency and the VAMC

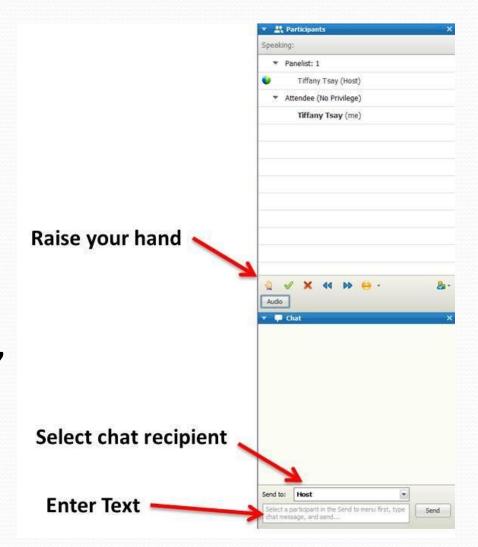






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Virginia

Katie Roeper

Aging Division

Department of Aging and
Rehabilitative Services



Serving Older Adults and Individuals with Disabilities through No Wrong Door Public/Private Partnerships

Commonwealth of Virginia
Department for Aging and Rehabilitative Services
No Wrong Door Planning Grant Monthly Webinar
August 12, 2015

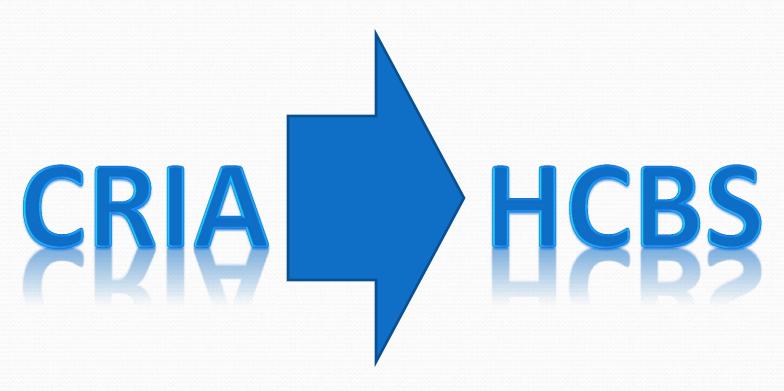








<u>Communication, Referral,</u> <u>Information, and Assistance (CRIA)</u>

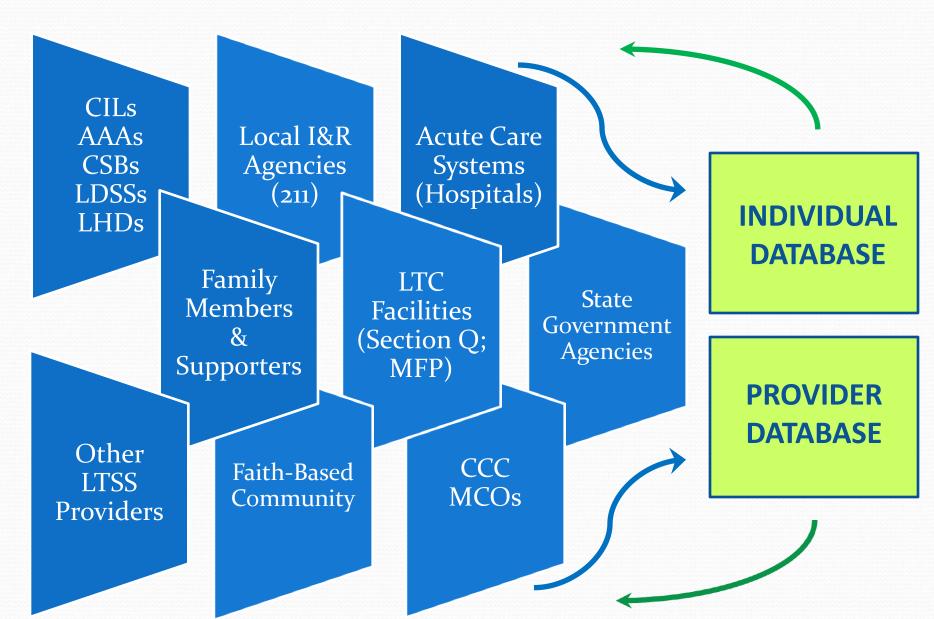


CRIA: Cornerstone of No Wreng! Door

A virtual statewide network of long-term care providers, connected by a web-based system that enables partners to:

- 1. Share individual data in a secure web-based system
- 2. Make electronic automated referrals between providers
- 3. Provide Person-Centered Decision Support
- 4. Streamline eligibility
- 5. Enhance transition support
 - 6. Track individual progress
 - 7. Access reports related to referrals

CRIA Statewide Databases CMS







Public/Private Partnership CRIA Individual Database

Information across public and private NWD partners is shared through CRIA.

- 1. Standardized Consent Process
- Standardized Consent Form
- 3. Standardized Partner Agreements
- 4. Standardized Data Fields

160,000+ Unique Client Profiles







Public/Private Partnership CRIA Provider Database

VirginiaNavigator - Private, non-profit (developed, owns, updates, maintains)

Contract to use database for:

- 1. CRIA
- 2. State-managed consumer portal

Benefits:

- 1. \$0 initial investment (develop with private funds)
- 2. Only pays for approx. 25% of total annual budget
- 3. Flexibility with agreements, process, policies
- 4. Consumer-driven; expert taxonomy; cutting-edge technologies

26,000+
Public and
Private
Services







Public/Private Partnership Sharing the Cost of CRIA

DARS

Public NWD Partners

(AAAs, CILS, CSBs, LDSS)

- Contract with Technology Partner
- Commonwealth covers start-up/annual license fees
- 3. Training
- 4. Help Desk Support

VirginiaNavigator

Private NWD Partners

(Home Health, Hospitals, Adult Day, Home Mod, Transportation)

- 1. Contract with Technology Partner
- 2. Each covers own fees
- 3. Training
- 4. Help Desk Support







Public/Private Partnership Sharing the Cost of CRIA

DARS + VirginiaNavigator

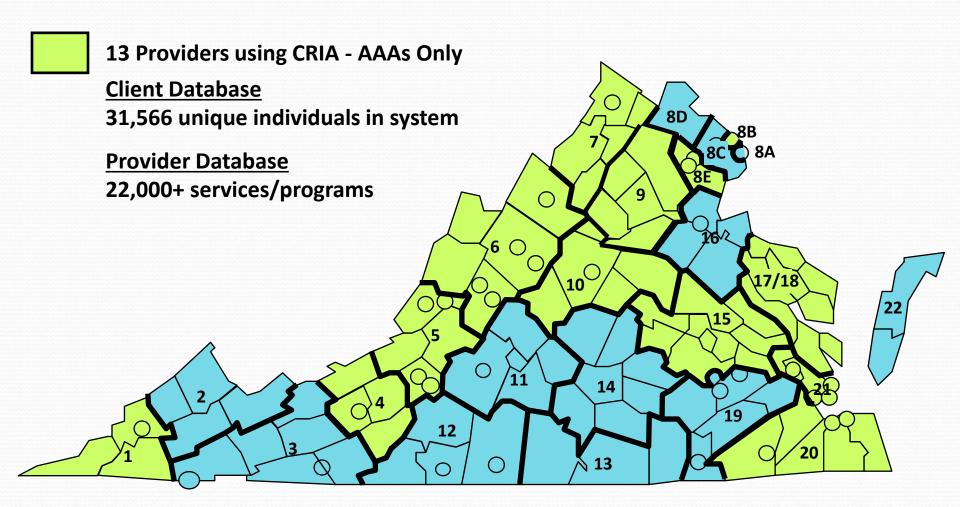
Public and Private NWD Partners

- 1. <u>No Wrong Door Resource Advisory Council</u>: Policy, Expansion Strategy, Assessment/Evaluation, PCP, Sustainability)
- 2. Change Control Board: Technology Development
- Staff: Community Meetings/Demos, Contracts, Technical Assistance with local expansion, Implementation



No Wrong Door Coverage (October 2009)

Approximately 50% of State AAAs only

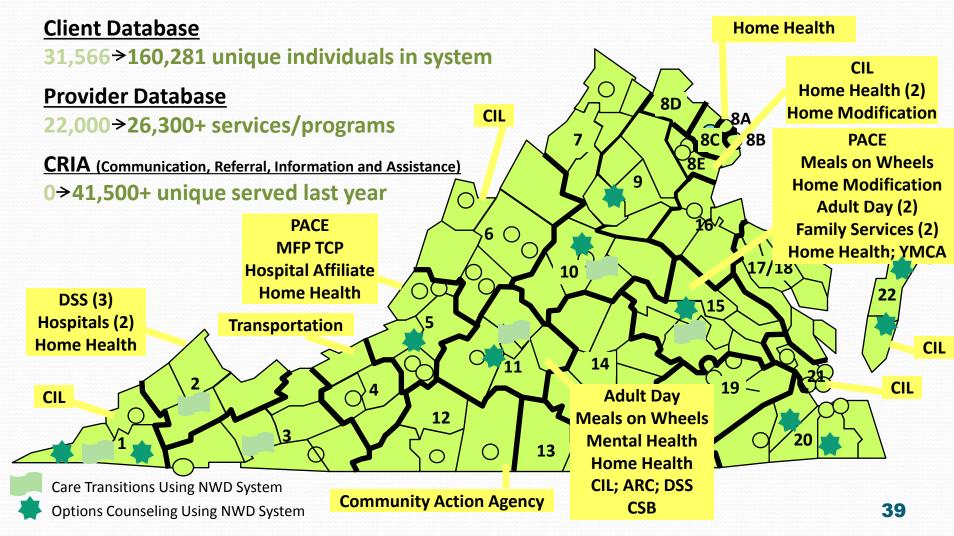




CMS



13→61 Providers currently using CRIA



Serving Older Adults and Individuals with Disabilities through No Wrong Door Public/Private Partnerships

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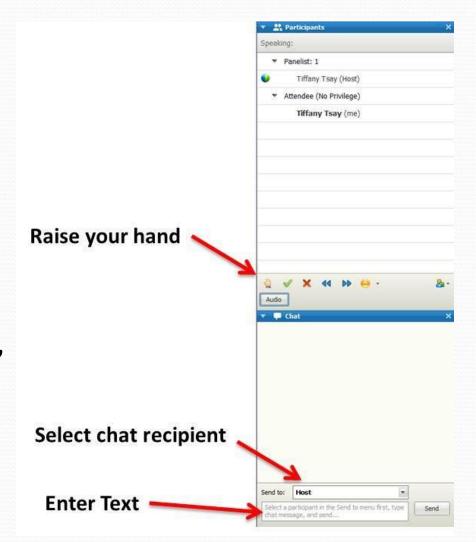






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Next Steps

- Key Dates
 - ▶ Begin Submitting NCE requests: August 15, 2015
 - Online 3-Year Plan Template opens: September 1, 2015
 - Final Monthly Webinar: September 9, 2015 at 3pm ET
 - Final Reporting Deadline: September 30, 2015
- Reach out to ACL regional offices or project officers if you need further support or have questions
- Post-Webinar Survey!